Image# 14941200703 PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									(Office Use	Only	
1.	NAME OF COMMITTEE (in		YPE OR P	RINT ▼		mple: If typ r the lines.	oing, type	12FE	4M5			
Α	TLAS PAC, I	FEDERAL	_									
ADI	ORESS (number a	nd street)	2150 RIV	ER PLAZA D	R. #150							
Ė	Check if dit	ferent										
L	the an investigated to		SACRAM	IENTO				CA		95833		
2.	FEC IDENTIFIC	CATION NUM	⁄IBER ▼		CITY ▲			STATE	\	Z	IP COI	DE 🛦
	C C004256	45			3. IS THIS REPORT		NEW (N) OR	×	AMEI (A)	NDED		
4.	TYPE OF RE	PORT	(b) Mont	ort	Feb 20 (M2)	×	May 20 (M5		Aug 20	(M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Re	eports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20			Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)	Ш	Oct 20	(M10)	Ш	Jan 31 (YE)
		rly Report (Q1)) (c)	12-Day		Primary (12	2P)	Ge	neral (12	2G)		Runoff (12R)
	July 15 Quarter	rly Report (Q2))	PRE-Election Report for the		Convention	(12C)	Sn	ecial (12	S)		
	Octobe Quarter	r 15 rly Report (Q3))			000	(.=0)	op.	00.0 (- ,		
	Januar			E	lection on	M M	/ D D /	Y	YYY		in the State of	
	Report	Mid-Year (Non-election nly) (MY)	(d)	30-Day POST-Electi		General (30	OG)	Ru	noff (30F	R)		Special (30S)
	Termina (TER)	ation Report		Report for the		M = M	/ D = D /	Y = Y =	Y Y		in the	
				E	lection on						State of	
5.	Covering Period	04	01		014	through	04	/ D	D /	2014		
l ce	rtify that I have e	examined this	Renort ar	nd to the he	st of my kno	wledge and	helief it is t	rue corre	ct and c	omplete	<u> </u>	
	e or Print Name		DAVID B									
Sigr	nature of Treasur	er <i>DAVID</i>	BAUER			[Electronica	lly Filed]	Date	M M M	/ D 08	D /	2014
J											_ '	
NOT	ΓΕ: Submission of	false, erroneo	ous, or inco	mplete inforr	mation may su	ibject the pe	erson signing	this Repo	rt to the	penalties	s of 2 L	J.S.C. §437g.
	Office									FEC	FOR	M 3X
	Use Only										v. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name ATLAS PAC, FEDERAL 2014 04 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 804.67 January 1, 2014 (b) Cash on Hand at 3743.67 Beginning of Reporting Period..... 4450.00 1250.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4993.67 5254.67 6(a) and 6(c) for Column B)..... 108.75 369.75 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 4884.92 4884.92 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 3357.45 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ATLAS PAC, F	EDERAL
--------------	--------

other than loans) From: //Persons Other cal Committees d (use Schedule A)	1250.00 1250.00 1250.00 1250.00 0.00 1250.00 0.00 0.00 0.00 0.00	Calendar Year-to-Date 4450.00 0.00 4450.00 0.00 4450.00 0.00 0.00 0.00 0.00
resons Other cal Committees d (use Schedule A)	0.00 1250.00 0.00 0.00 1250.00 0.00	0.00 4450.00 0.00 0.00 4450.00 0.00
ized	0.00 1250.00 0.00 0.00 1250.00 0.00	0.00 4450.00 0.00 0.00 4450.00 0.00
ized	0.00 1250.00 0.00 0.00 1250.00 0.00	0.00 4450.00 0.00 0.00 4450.00 0.00
(add 1(a)(i) and (ii)	1250.00 0.00 0.00 1250.00 1250.00 0.00	4450.00 0.00 0.00 4450.00 0.00 0.00
(add 1(a)(i) and (ii)	1250.00 0.00 0.00 1250.00 1250.00 0.00	4450.00 0.00 0.00 4450.00 0.00 0.00
arty Committees	0.00 0.00 1250.00 0.00	0.00 0.00 4450.00 0.00
arty Committees	0.00 0.00 1250.00 0.00	0.00 0.00 4450.00 0.00
ical Committees ACs) ributions (add Lines b), and (c)) (Carry ine 33, page 5) Affiliated/Other es ived ints Received rating Expenditures ites, etc.)	0.00 1250.00 0.00	0.00 4450.00 0.00 0.00
ical Committees ACs) ributions (add Lines b), and (c)) (Carry ine 33, page 5) Affiliated/Other es ived ints Received rating Expenditures ites, etc.)	0.00 0.00	4450.00 0.00 0.00
ibutions (add Lines b), and (c)) (Carry ine 33, page 5) Affiliated/Other es ived ived rating Expenditures ites, etc.)	0.00 0.00	4450.00 0.00 0.00
o), and (c)) (Carry ine 33, page 5) Affiliated/Other es ived ived rating Expenditures attes, etc.)	0.00	0.00
ine 33, page 5) Affiliated/Other es ived Ints Received rating Expenditures ttes, etc.)	0.00	0.00
Affiliated/Other es ived nts Received rating Expenditures ites, etc.)	0.00	0.00
ived	0.00	0.00
nts Receivedrating Expenditures	0.00	0.00
nts Receivedrating Expenditures		
nts Receivedrating Expenditures		
rating Expenditures ttes, etc.)	0.00	0.00
rating Expenditures ttes, etc.)	0.00	0.00
ites, etc.)		
The state of the s		
1 lb0 3 / b0d0 b)	0.00	0.00
Line 37, page 5)	7	0.00
didates and Other		
ttees	0.00	0.00
Receipts		7 7 7
· ·	0.00	0.00
Non-Federal and Levin Funds		7
I Account		
edule H3)	0.00	0.00
s (from Schedule H5)	0.00	0.00
ers (add 18(a) and 18(b))	0.00	0.00
	Non-Federal and Levin Funds all Account edule H3)	Prest, etc.)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 61100	Calcilual Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	108.75	369.75
(c) Total Operating Expenditures	100.10	000.70
(add 21(a)(i), (a)(ii), and (b))▶	108.75	369.75
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	200
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
_		
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7 7	
(such as PACs)	0.00	0.00
(I) Table Cooking Cooking		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
(add Ellies 20(a), (b), and (c))		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	7 7
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	108.75	369.75
, _ ,,,,,,,,	100.75	369.73
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	108.75	369.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1250.00	4450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1250.00	4450.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	108.75	369.75
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	108.75	369.75

1mage# 14941200708 PAGE 6 / 12

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA Transaction ID :

Personal reimbursement submitted after original filing

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) X 11a 11b 11c

7 OF 12

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ATLAS PAC, FEDERAL Full Name (Last, First, Middle Initial) JOHN DRAPER JR. Date of Receipt Mailing Address 2016 BARRANCA 04 01 2014 City Zip Code State Transaction ID: INCA470 CA **NEWPORT BEACH** 92660 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation WACHOVIA SECURITIES MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** KATHRYN FEATHER Date of Receipt Mailing Address 12231 SHERIDAN LN. 04 01 2014 City State Zip Code **Transaction ID: INCA474** Garden Grove CA 92840 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **COUNTY OF ORANGE** POLICY ADVISOR Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. BENJAMIN PUGH Date of Receipt Mailing Address 606 DELAWARE ST. M M 04 01 2014 City State Zip Code Transaction ID: INCA471 CA **HUNTINGTON BEACH** 92648 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation ENTERPRISE COUNCIL GROUP **ATTORNEY** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 1250.00 SUBTOTAL of Receipts This Page (optional)..... 1250.00

TOTAL This Period (last page this line number only).....

TEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the potalled Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ATLAS PAC, FEDERAL Full Name (Last, First, Middle Initial) COMPLETE CAMPAIGNS Mailing Address 610 GATEWAY CENTER WAY #K City State Zip Code SAN DIEGO CA 92102 Purpose of Disbursement MERCHANT FEE Candidate Name Category/ Type Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Category/ Type Transaction ID: EXPB472 Amount of Each Disbursement this Period Category/ Type Total Category/ Type 108.75	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 12				
Amount of Each Disbursement Candidate Name C	•		1 -	NOMBER.			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of saliciting contributions from such committees. NAME OF COMMITTEE (In Full) ATLAS PAC, FEDERAL Full Name (Last, First, Middle Initial) COMPLETE CAMPAIGNS Mailing Address 610 GATEWAY CENTER WAY #K City State Zip Code Candidate Name Category Type Office Sought: Senate President Senate	II EINIIZED DISDUMSEINIEN IS		1 '		4 25 26		
Anount of Each Disbursement Candidate Name		Detailed Summary Page					
Anount of Each Disbursement Candidate Name	Any information copied from such Reports and Staten	nents may not be sold or used	hv anv nere	on for the nurnose of solic	iting contributions		
ATLAS PAC, FEDERAL Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: House Primary General Candidate Name Category' Office Sought: House Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Other (specify) ▼ Date of Disbursement Candidate Name Category' Type Other (specify) ▼ Date of Disbursement Candidate Name Category' Type Other (specify) ▼ Date of Disbursement Candidate Name Category' Type Other (specify) ▼ Date of Disbursement Candidate Name Category' Type Office Sought: House President Date of Disbursement this Period Category' Type Office Sought: House President Date of Disbursement Candidate Name Category' Type Office Sought: House President Date of Disbursement this Period Category' Type Office Sought: House Primary General Date of Disbursement Candidate Name Category' Type Office Sought: House Primary General Date of Disbursement this Period Category' Type Office Sought: House Primary General Date of Disbursement this Period Category' Type Office Sought: House Primary General Date of Disbursement this Period Category' Type Office Sought: House Primary General Date of Disbursement this Period Category' Type Office Sought: House Primary General Date of Disbursement this Period							
Full Name (Last, First, Middle Initial) COMPLETE CAMPAIGNS Mailing Address 610 GATEWAY CENTER WAY #K City State Zip Code CA 92/102 Purpose of Disbursement MERCHAN1 FEE Candidate Name Office Sought: House Primary General Primary General Disbursement For: State: District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Disbursement Candidate Name Category/ Office Sought: House Primary General Primary General Primary General Primary General Primary General Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Date of	NAME OF COMMITTEE (In Full)						
Full Name (Last, First, Middle Initial) COMPLETE CAMPAIGNS Mailing Address 610 GATEWAY CENTER WAY #K City State Zip Code CA 92/102 Purpose of Disbursement MERCHAN1 FEE Candidate Name Office Sought: House Primary General Primary General Disbursement For: State: District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Disbursement Candidate Name Category/ Office Sought: House Primary General Primary General Primary General Primary General Primary General Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Date of	ATLAS PAC, FEDERAL						
Mailing Address 610 GATEWAY CENTER WAY #K City State Zip Code CA 92102 Purpose of Disbursement MERCHANT FEE Candidate Name Cardegory! Office Sought: House Primary General Primary Gener	,						
Mailing Address 610 GATEWAY CENTER WAY #K City State Zip Code CA 92102 Purpose of Disbursement MRCCHANT FEE Candidate Name City Senate President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Disbursement Candidate Name Category/ Type Disbursement Candidate Name Category/ Type Disbursement Category/ Type Disbursement Category/ Type Disbursement Category/ Type Disbursement this Period Category/ Type Disbursement Category/ Category/ Type Disbursement Date of Disbursement Amount of Each Disbursement this Period Category/ Type Disbursement District: Transaction ID: EXPB472 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Ca	_			Data of Dishumanus			
Mailing Address 610 GATEWAY CENTER WAY #K City State Zip Code Candidate Name Candidate Name City State Zip Code Primary General	- COMPLETE CAMPAIGNS						
City SAN DISC SAN DI	Mailing Address 610 GATEWAY CFNTFR WAY #K						
SAN DIEGO CA 92102 Purpose of Disbursement Mailing Address City State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Office Sought: Husting Address City State District: Category/ Type Office Sought: House Category/ Type Category/ Type District: Category/ Type District: District: Category/ Type District: Dis							
SAN DIEGO CA 92/02 Purpose of Disbursement MERCHANT FEE Office Sought: House Senate Primary General Mailing Address City State Zip Code Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Primary	,			Transaction ID : EYP	B.472		
MERCHANT FEE Candidate Name Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Category/ Type Category/ Type Date of Disbursement Candidate Name Category/ Type Cat		CA 92102		Transaction ID . EAF	U71		
Cardidate Name Category/ Type	·		001	Amount of Fach Dishur	sement this Period		
Office Sought:				Amount of Lacif Disbut	Schlent tills Fellod		
Office Sought:					108.75		
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: Other (specify) ▼ State: Disbursement Candidate Name Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ Substotal of Disbursement This Page (optional)	Office Sought: House Disbursen	nent For:	- 7 8 4				
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) Mailing Address City State Zip Code Purpose of Disbursement For: Senate President Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Amount of Each Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) Total Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement This Period Total Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Total Category/ Type Amount of Each Disbursement this Period	Senate	Primary General					
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement For: General Other (specify) Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement Category/ Type Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: General Other (specify) State: District: Distric		Other (specify) ▼					
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ Balance Amount of Each Disbursement this Period Category/ Type Type Disbursement For: General Other (specify) ▼ Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Candidate Name (Last, First, Middle Initial) Date of Disbursement Tor: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: General Other (specify) ▼ Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Type Office Sought: House Disbursement For: General Other (specify) ▼ Substoctal of Disbursements This Page (optional)							
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President Other (specify) ▼ Category/ Type Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement Category/ Type Date of Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: General Primary General Other (specify) ▼ Substock Other (specify) ▼ Substock Other (specify) ▼ 108.75		Full Name (Last, First, Middle Initial)					
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ Senate President Other (specify) ▼ Substrotal of Disbursement For: Senate President Other (specify) ▼ Substrotal of Disbursements This Page (optional)	3.						
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substruct: Substruct: District: Substruct: Substruct: Primary General Other (specify) ▼ Substruct: District: Substruct: District: Substruct: Disbursements This Page (optional)	Mailing Address	Mailing Address			M = M / D = D / Y = Y = Y		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: District: Primary General Other (specify) ▼ Substate: District: Distr	Mailing Addices	INALINING Address					
Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)	City	State Zip Code					
Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)	D						
Candidate Name Category/ Type Office Sought:	Purpose of Disbursement	l I		Amount of Each Dishur	seament this Daried		
Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Primary General State: District: Substitute Tipe Primary General Other (specify) State: District: 108.75	Candidate Name			Amount of Each Disbursement this Period			
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: Disbursement For: General Other (specify) Type State: District: Substate: Disbursements This Page (optional)							
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Substortal of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	- 7 - 7				
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate President Primary General Other (specify) State: District: Subtotal of Disbursements This Page (optional)		Primary General					
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Primary General Other (specify) State: District: Subtotal of Disbursements This Page (optional)		Other (specify) ▼					
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)							
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	,			Data of Dishamana			
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	. .						
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Mailing Address	Mailing Address			Y Y Y Y		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substitute of Disbursements This Page (optional)							
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	City	State Zip Code					
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Durage of Dishurs and						
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtotal of Disbursements This Page (optional)	Purpose of Dispursement						
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substruct: Disbursements This Page (optional)	Candidate Name			Amount of Each Disbur	sement this Period		
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substruct: Disbursements This Page (optional)							
Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	.,,,,				
State: District: SUBTOTAL of Disbursements This Page (optional)		Primary General					
SUBTOTAL of Disbursements This Page (optional)	President	Other (specify) ▼					
30BTOTAL OF DISDUISEMENTS THIS Fage (Optional)	State: District:						
30BTOTAL OF DISDUISEMENTS THIS Fage (Optional)					400.75		
108.75	SUBTOTAL of Disbursements This Page (optional)		·····•		108.75		
	TOTAL TIL D. 1.77				108 75		

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 12

FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Page 1 011 = 112 10 01 1 01111 071
AME OF COMMITTEE (In Full)	Transaction ID : PAYC7
ATLAS PAC, FEDERAL	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
LEE LOWREY	Primary
	General
Mailing Address P. O. BOX 7331	Other (specify) ▼
2320 THIRD AVE.	
City NEWPORT BEACH State CA	ZIP Code 92658
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
4000.00	2000.00
4000.00	3000.00
TERMS	
	Date Due Interest Rate Secured:
11 07 2006 06 30	
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
1. I dii Name (Last, I list, Middle Initial)	Ivalile of Employer
Mailing Address	Occupation
	·
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
walling Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Harro (Edot, 1 Hot, Wildelfo Hillian)	ramo or Employor
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
•	'
SUBTOTALS This Period This Page (optional)	
	4000.00
TOTALS This Period (last page in this line only)	
Carry outstanding halance only to LINE 2. Schodule D. for th	sic line. If no Schodule D. carry forward to appropriate line of Summer.
carry outstanding balance only to LINE 3, Schedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

12

10 OF

NAME OF COMMITTEE (In Full) ATLAS PAC, FEDERAL A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FACILITY RENTAL LEE LOWREY Mailing Address P. O. BOX 7331 2320 THIRD AVE State Zip Code **NEWPORT BEACH** 92658 Transaction ID: PAYD476 Outstanding Balance Beginning This Period 275.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 275.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **FACILITY RENTAL** LEE LOWREY Mailing Address P. O. BOX 7331 2320 THIRD AVE City State Zip Code **NEWPORT BEACH** CA 92658 Outstanding Balance Beginning This Period Transaction ID: PAYD497 275.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 275.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **FACILITY RENTAL** LEE LOWREY Mailing Address P. O. BOX 7331 2320 THIRD AVE Zip Code State **NEWPORT BEACH** 92658 CA Transaction ID: PAYD498 Outstanding Balance Beginning This Period 275.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 275.00 0.00 825.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 0.004) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 (FOR LINE NUMBER: (check only one)

	9
X	10

OF

12

NAME OF COMMITTEE (In Full) ATLAS PAC, FEDERAL A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FACILITY RENTAL LEE LOWREY Mailing Address P. O. BOX 7331 2320 THIRD AVE State Zip Code **NEWPORT BEACH** 92658 Transaction ID: PAYD479 Outstanding Balance Beginning This Period 275.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 275.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **FACILITY RENTAL** LEE LOWREY Mailing Address P. O. BOX 7331 2320 THIRD AVE City State Zip Code **NEWPORT BEACH** CA 92658 Outstanding Balance Beginning This Period Transaction ID: PAYD480 275.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 275.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **FACILITY RENTAL** LEE LOWREY Mailing Address P. O. BOX 7331 2320 THIRD AVE State Zip Code **NEWPORT BEACH** 92658 CA Transaction ID: PAYD481 Outstanding Balance Beginning This Period 662.45 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 662.45 0.00 1212.45 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 0.004) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

12

		Hamboroa iino)	X 10
NAME OF COMMITTEE (In Full) ATLAS PAC, FEDERAL			
A. Full Name (Last, First, Middle Initial) of Debto LEE LOWREY	r or Creditor	Nature of Debt (Purp FACILITY RENTAL	ose):
Mailing Address P. O. BOX 7331 2320 THIRD AVE.			
City State	Zip Code		
NEWPORT BEACH	CA 92658		
Outstanding Balance Beginning This Period 0.00		Transaction ID : Pa	AYD482
Amount Incurred This Period	Payment This Period	Outstanding Palane	on at Class of This Bariad
320.00		0.00	te at Close of This Period 320.00
D. E. H. Namas (Lant. Eight. Middle, Initial), of Dalata	One disease	N . (D .) (D	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purp	ose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period		ce at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purp	ose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period		,	
Amount Incurred This Period	Payment This Period	Outstanding Balance	ce at Close of This Period
1) SUBTOTALS This Period This Page (optional)			320.00
2) TOTALS This Period (last page this line number	only)	>	2357.45
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	1000.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	nly) ▶	3357.45